



FINANCIAL PLANNING ORGANIZER

234 KINDERKAMACK ROAD
ORADELL, NJ 07649

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WWW.TFGLLC.COM

Personal Data Summary

Date Prepared ___/___/___

Client

Spouse

1. Full Name

Social Security #

Date of Birth

___/___/___

___/___/___

Age:

Retirement Age

2. Primary Residence

Address

Telephone #

() - _____

() - _____

Cell Phone #

() - _____

() - _____

Fax #

() - _____

() - _____

E-mail Address

3. Employer Name

Title

Telephone #

Date Employed

Family Profile

	<u>Name</u>	<u>Soc. Sec. #</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Occupation</u>
Children	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Other Dependents	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Document Checklist

Below is a list of documents usually needed to complete our analysis.

Please furnish copies of the documents when possible.

	Applicable? (yes/no)	Included? (yes/no)
Tax returns		
Federal returns for last 2 years	_____	_____
State return for last year	_____	_____
All gift tax returns	_____	_____
Investments		
Latest brokerage/mutual funds statements	_____	_____
Documents on mortgages/notes receivable	_____	_____
Personal insurance policies & premium notices		
All personal life insurance	_____	_____
Personal health & disability	_____	_____
Homeowners/tenants coverage/umbrella	_____	_____
Auto insurance	_____	_____
Miscellaneous personal documents		
Wills, Power of Attorney, Living Wills	_____	_____
Trust documents:	_____	_____
Latest 2 pay statements from employers	_____	_____
Mortgage statement	_____	_____
Other loan agreements or statements	_____	_____
Employee benefits		
Booklets on group insurance coverage	_____	_____
Booklets on retirement, thrift, etc., plans	_____	_____
Employment agreement	_____	_____
Deferred compensation agreement	_____	_____
Stock option plans	_____	_____
Keogh or IRA documents	_____	_____
Business documents		
Partnership agreements & latest K-1's	_____	_____
Federal tax returns for last 3 years	_____	_____
Retirement profit sharing, etc. documents	_____	_____
Stock redemption/buy-sell agreements	_____	_____
Financial statements (balance sheet, profit/loss statement, etc.)	_____	_____

Advisors

	<u>Name</u>	<u>Institution</u>	<u>Telephone</u>	<u>May We Contact?</u>
Attorney	_____	_____	_____	<u>(YES/NO)</u>
Accountant	_____	_____	_____	<u>(YES/NO)</u>
Trust Officer	_____	_____	_____	<u>(YES/NO)</u>
Banker	_____	_____	_____	<u>(YES/NO)</u>
Insurance Agent	_____	_____	_____	<u>(YES/NO)</u>
Investment Advisor	_____	_____	_____	<u>(YES/NO)</u>
Stockbroker	_____	_____	_____	<u>(YES/NO)</u>
Other	_____	_____	_____	<u>(YES/NO)</u>

Assets - Cash and Bank Balances

Ownership: C=Client, S=Spouse, J=Joint

	<u>Ownership</u>	<u>Current Balance</u>	<u>Interest Rate</u>	<u>Institution</u>	<u>Maturity Date</u>
Checking Accounts	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
Savings Accounts	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
Other(Money Market, CD's, Etc.)	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____

(Office use)

=====

Investment Accounts (Include Brokerage Statements)

Description	Ownership	Current Value (\$)	Annual Yield%	Cost(\$)	Planned Annual Additions
_____	<u>(C,S,J)</u>	\$ _____	_____	\$ _____	_____
_____	<u>(C,S,J)</u>	\$ _____	_____	\$ _____	_____
_____	<u>(C,S,J)</u>	\$ _____	_____	\$ _____	_____
_____	<u>(C,S,J)</u>	\$ _____	_____	\$ _____	_____
		(Office use)		=====	
Less: Margin Loans		_____			

Assets - Retirement/Employee Benefits
(Include Statements from Social Security & Company Benefits)

Type	Estimated Annual Benefit	Age When Benefits Will Begin	Cost of Living Adjust.	Office Use
Social Security Benefits (H)	\$ _____	_____		_____
Social Security Benefits (S)	\$ _____	_____		_____
Pensions (H) or (S)	\$ _____	_____	_____ %	_____
Pensions (H) or (S)	\$ _____	_____	_____ %	_____
	Amount Vested	Account Balance	Annual Contribution	Employer Match
Profit Sharing (401K)	\$ _____	\$ _____	_____	_____

Profit Sharing (401K)	\$ _____	\$ _____	_____	_____
Employee Savings Plan	\$ _____	\$ _____	_____	_____
Deferred Compensation	\$ _____	\$ _____	_____	_____
IRA	\$ _____	\$ _____	_____	_____
IRA	\$ _____	\$ _____	_____	_____
Roth IRA	\$ _____	\$ _____	_____	_____
Roth IRA	\$ _____	\$ _____	_____	_____
Keogh Plan	\$ _____	\$ _____	_____	_____
Stock Options - No. Shares (attach details)	\$ _____	\$ _____	_____	_____
		\$ _____	_____	_____

Conditions: Options Price \$ _____
 Current Value \$ _____

(Include Brokerage Statements)

Residential Real Estate

	<u>Primary Residence</u>	<u>Secondary Residence</u>
Address	_____ _____ _____	_____ _____ _____
Date Acquired:	____/____/____	____/____/____
Ownership:(Circle one)	(C,S,J)	(C,S,J)
*C=Client S=Spouse J=Joint		
Cost:	\$ _____	\$ _____
Cost of Major Improvements:	\$ _____	\$ _____
Total Cost:	\$ _____	\$ _____

Estimated Market Value: \$ _____ \$ _____

Original Mortgage

Original Mortgage

Original Amount: \$ _____ \$ _____

Original Term(yrs.) & % Rate _____ yrs _____ % _____ yrs _____ %

Type:(Fixed/Variable) _____

Current Mortgage Balance \$ _____ \$ _____

Monthly Payments \$ _____ \$ _____

Date of First Payment ____/____/____ ____/____/____

Second Mortgage

Second Mortgage

Original Amount: \$ _____ \$ _____

Original Term(yrs.) & % Rate _____ yrs _____ % _____ yrs _____ %

Type:(Fixed/Variable) _____

Current Mortgage Balance \$ _____ \$ _____

Monthly Payments \$ _____ \$ _____

Date of First Payment ____/____/____ ____/____/____

Assets- Miscellaneous

Current Value (\$)

Home Furnishings/ Personal Property _____

Automobiles _____

Jewels & Furs _____

Collections (Art, Etc.) _____

Boats, RV's etc. _____

Intangible Property

Annual Income

Expiration

Current Value

(Office Use)

Patents _____

Trademarks _____

Copyrights _____

Other contract rights: Give details of prospective profits, liabilities and values involved _____

Other Debts/ Liabilities

	<u>Balance</u>	<u>Payment</u> <u>Years</u> <u>Remaining</u>	<u>Rate</u>	<u>Monthly</u> <u>Payments</u>	<u>Minimum</u> <u>Payment</u>
Residence MTG	\$ _____	_____ Yrs	_____ %	\$ _____	\$ _____
Credit Card Balances	\$ _____	_____ Yrs	_____ %	\$ _____	\$ _____
Auto Loans	\$ _____	_____ Yrs	_____ %	\$ _____	\$ _____
Boats, RVs, etc.	\$ _____	_____ Yrs	_____ %	\$ _____	\$ _____

Life Insurance

Name of Company	Policy Type	Insured	Face Amount	Owner	Beneficiary	Cash Value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Key:

Type **T = Term** **W = Whole Life** **V = Variable** **U = Universal**

Beneficiary

ILIT = Trust(ILIT)

C = Client S = Spouse

Other Insurance

(Include Copies of Policies)

	Inflation Rider	Beneficiary	Amount	Yrs. of Coverage
Disability	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____

Sources of Income

Source	(AMOUNT) Client	(AMOUNT) Spouse	FICA Status *S/E	Taxable Amount	Non Taxable Amount	5-Year Projection (%)
Gross Salary	_____	_____	_____	_____	_____	_____
Bonus	_____	_____	_____	_____	_____	_____
Commission	_____	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____	_____
Dividends	_____	_____	_____	_____	_____	_____
Net Rents	_____	_____	_____	_____	_____	_____
Royalties	_____	_____	_____	_____	_____	_____
Business Profits	_____	_____	_____	_____	_____	_____
Annuities	_____	_____	_____	_____	_____	_____
Trust Income	_____	_____	_____	_____	_____	_____
Alimony	_____	_____	_____	_____	_____	_____

Other Income (Partnerships, Etc.)

(Office use)

\$_____
\$_____

Cost of Living

(Indicate monthly or annually)

Non-Discretionary

Item	Monthly	Annually
Food, groceries, etc.....	_____	_____
Home mortgage.....	_____	_____
Home equity loans.....	_____	_____
Rent for residence.....	_____	_____
Property taxes - Home.....	_____	_____
Vacation home.....	_____	_____
Miscellaneous.....	_____	_____
Utilities – Gas & Electric.....	_____	_____
Telephone.....	_____	_____
Water/sewer.....	_____	_____
Cable/Internet.....	_____	_____
Insurance - Home.....	_____	_____
Husband’s Life.....	_____	_____
Wife's Life.....	_____	_____
Children's Life.....	_____	_____
Medical.....	_____	_____
Disability.....	_____	_____
Long Term Care.....	_____	_____
Education.....	_____	_____
Professional Dues.....	_____	_____
Medical/Dental Expenses.....	_____	_____
Life insurance loans.....	_____	_____

Other installment loans..... _____

Alimony..... _____

Term _____ Years

Child support _____

Term _____ Years

Domestic Help/Babysitting..... _____

Childcare/Daycare..... _____

Auto:

Loan Pmt./Lease Pmt(Circle One).....

Fuel..... _____

Repair & Maintenance..... _____

Insurance..... _____

Subtotal Non-Discretionary =====

Discretionary

Clothing and Personal Items..... _____

Dry Cleaning/Laundry..... _____

Lessons (Music/Dancing)..... _____

Club Dues..... _____

Entertainment & Dining..... _____

Books /Papers/ Subscriptions..... _____

Home Maintenance/Property Improvement/Repairs.... _____

Yard Maintenance..... _____

Pool Maintenance/Repairs..... _____

Vacations..... _____

Home Furinshings..... _____

Gifts/Birthdays/Holidays..... _____

Charitable donations..... _____

Subtotal Discretionary =====

Total Expenses (before income taxes) =====

Special Income/Expenses

<u>Description</u>	<u>Annual Amount</u>	<u>Increase Rate</u>	<u>Start Year</u>	<u># of Yrs</u>
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____

Educational Funding

Child	School Cost	(A) Current Balance Saved	Years In School	Annual Contributions
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

(A) (Include Brokerage Statements)

Risk

Risk

Risk Profile

Investment Attitude: Very Conservative Somewhat Conservative Moderate
 Somewhat Aggressive Aggressive

Investment Experience: None Very Little Moderate Significant Extensive

Risk Assessment Questionnaire

1. I am more concerned about protecting my assets than about growth.
2. I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
3. Professional advisors and mutual funds may achieve higher growth than I can.
4. I am comfortable with investments that promise slow, long-term appreciation and growth.
5. I don't brood over bad investment decisions I have made.
6. I feel comfortable with aggressive growth investments.
7. I do not like surprises.
8. I am optimistic about my financial future.
9. My immediate concern is for income rather than growth opportunities.
10. I am a risk taker.
11. I make investment decisions comfortably and quickly.
12. I like predictability and routine in my daily life.
13. I usually pick the tried and true, the slow, safe but sure investments.
14. I need to focus my investment efforts on reserve funds and insurance rather than growth.
15. I prefer predictable, steady returns on my investments, even if the return is low.

Goals - Death or Disability

1. How do you want your estate distributed among your beneficiaries?
2. What is your spouse's minimum income requirement?
3. What income would you want him/her to have if possible?
4. What is the minimum income required for your family until all the children are no longer dependant?
5. Will any child be dependant after attaining maturity? Give details.
6. To what degree is spouse capable of managing financial affairs?
7. Will spouse continue to live in present home?
8. Should mortgage be paid off?
9. Should spouse be protected against possible senility, second spouse, caprices, etc.?

Additional Information

1. Do you or your spouse expect an inheritance?
2. Is it important that you retain full control of your assets during your lifetime
3. Any additional considerations?

Goals - Children

1. Should your children be permitted to consume capital or income only?
2. When and how should capital be distributed?
3. Should any special problems be considered and special allowances made, i.e. for example, for physical defects, personality, ability, etc.?
4. What educational and business opportunities do you wish to be provided for them if possible?

Your Financial Goals

Indicate any other goals you wish to obtain and your outlook on your financial future.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____
